

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/552965

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6		3		/		
7		3		/		
8		3		/		
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10		/		/		
11		2		/		
12		/		/		
13		3		/		
14		3		/		
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16		3		/		
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18		3		/		
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47		/		/		
48		3		/		
49		3	/			
50		3		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		/		
52		3		/		
53		3		/		
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98						
99						
100						
TOTAL IND.	1	↓	5	↓		↓
TOTAL DEP.	55	←	48	←		←
TOTAL CLAIMS	69		53			